

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
1890-0019



In re Application of
Martin CALDWELL et al.

Application Number
09/936,723

Filed
March 1, 2002

For
A SURGICAL ACCESS DEVICE

Art Unit
3731

Examiner
Gwen G. Phanijphand

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))
- ☐ Two month (37 CFR 1.17(a)(2))
- ☒ Three month (37 CFR 1.17(a)(3))
- ☐ Four month (37 CFR 1.17(a)(4))
- ☐ Five month (37 CFR 1.17(a)(5))

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\$ _____

\$ _____

\$ 950.00

\$ _____

\$ _____

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ 475.00
- ☒ A check to cover the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380

I have enclosed a duplicate copy of this sheet. 11/12/2003 SSESHE1 00000085 09936723

I am the ☐ applicant/inventor 01 FC:2253 475.00 0P

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 7, 2003

Date

(202) 585-8000

Telephone Number

Jerome W. Massie
Signature

Jerome W. Massie

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

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